SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) 10/009859 (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. IND. IND. DEP. IND. DEP. DEP. :2 :3 -5 4 1/5 TOTAL AL TOTAL DEP. AL IOIAL. MAY BE CLED FOR ADDITIONAL CLAIMS OR AMENDMENTS VALUE TO THE TRANSPORT OF THE TRANSPORT OF